



# Meditation Basics

Research shows that meditation can reduce stress, lower blood pressure, and enhance happiness. Through instruction and guided meditation, learn the basics and discover how to practice several different healing types, each with a specific purpose.



**FEE:** \$20 PER PERSON **FOR:** AGES 14+ **WHEN:** JANUARY 20, 2018 **TIME:** 10:00 - 11:30 A.M.

**WHERE:** CHURCHVILLE REC. CENTER - LEVEL BLDG, 3023 LEVEL RD., CHURCHVILLE, MD 21028

**BARRY GLASSMAN**, HARFORD COUNTY EXECUTIVE

**KATHY BURLEY**, DIRECTOR OF PARKS & RECREATION

**Questions?**

410-638-3853 or [srjay@harfordcountymd.gov](mailto:srjay@harfordcountymd.gov)

## MEDITATION BASICS REGISTRATION FORM

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: H- \_\_\_\_\_ C- \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Medical issues we should be aware of \_\_\_\_\_

Add me to your e-mail list for new programs: ☐ Yes ☐ No

I give my permission for photos to be taken of me / my child for publicity purposes: ☐ Yes ☐ No

*If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered.*

### RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

Participant/Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUNDS UNLESS PROGRAM IS CANCELED - PLEASE MAKE CHECKS PAYABLE TO HARFORD COUNTY, MD  
AND MAIL WITH REGISTRATION FORM, BY JANUARY 12, 2018, TO 702 N. TOLLGATE ROAD, BEL AIR, MD 21014**

**MINIMUM PARTICIPATION IS REQUIRED FOR PROGRAM TO BE HELD**